

CSE Harmful Elements Analysis Tool

The CSE Harmful Elements Analysis Tool¹ was created to help parents, school administrators, educators, and other concerned citizens assess, evaluate, and expose harmful elements within comprehensive sexuality education (CSE)² curricula and materials. For more information, visit www.stopcse.org.

Analysis of

Teen Talk: A Guide for Positive Living (Botswana)

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 10 OUT OF 15

Teen Talk: A Guide for Positive Living (Botswana) contains **10 out of 15** of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

Program Description: This program was written to help youth in Botswana navigate life with HIV. The section on sexual activity does not promote abstinence but instead encourages safer sex and condom use and teaches that young people have a right to have sex. Youth are taught about birth control methods to prevent pregnancy. They are also taught how to protect against HIV transmission during oral and anal sex.

Target Age Group: Teenagers

International Connections: USAID, PEPFAR, Baylor International Pediatric AIDS Initiative, AIDSTARE-One, UNICEF, SAFAIDS, Barclays, MASA, Batswana Teen Club

“The current edition of this guide was funded by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Agency for International Development (USAID) under contract number GHH-I-00-07-00059-00, AIDS Support and Technical Assistance Resources (AIDSTAR-One) Project, Sector I, Task Order 1.” (p. 50)

For the complete text of *Teen Talk: A Guide for Positive Living Botswana* see:

https://drive.google.com/file/d/1nQdH_DpJNLtGNjTbgWjHelcqWnZktZsv/view?usp=drive_link

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN <i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply</i>	“What is the importance of positive prevention? Positive prevention involves: <ul style="list-style-type: none">• Recognizing your rights while living with HIV, including choosing whether or not to have sex, and planning whether to have children.• Seeking the information and support you need to help you disclose your HIV status to your sexual partner, ensuring that you both can chose [sic] to have sex that is safer for both of you and that you can access the

¹ The CSE Harmful Elements Analysis Tool was created by Family Watch International. Family Watch is not responsible for the way in which the tool is used by individuals who do independent analyses of CSE materials. Visit www.stopcse.org for a blank template or to see analyses of various CSE materials.

² CSE programs are often labeled as comprehensive sex education, sexual education, sexuality education, anti-bullying programs, sexual and reproductive health education, Welcoming Schools programs, and even family life, life skills or abstinence plus education programs, etc. Regardless of the label, if program materials contain one or more of the 15 harmful elements identified in this analysis tools, such materials should be categorized as CSE and should be removed from use in schools.

<p><i>many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.</i></p>	<p>support you need to prevent the transmission of HIV to your children, should you plan to have any.” (p. 24)</p>
<p>2. TEACHES CHILDREN TO CONSENT TO SEX</p> <p><i>May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in sexual acts with them.</i></p> <p><i>Note: “Consent” is often taught under the banner of sexual abuse prevention. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i></p>	<p>“Communicating effectively is important when discussing and negotiating safer sex options with your partner.” (p. 28)</p>
<p>3. PROMOTES ANAL AND ORAL SEX</p> <p><i>Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.</i></p>	<p>“How do I protect myself during oral sex? It is possible to spread STIs through performing and receiving oral sex. If you are RECEIVING oral sex from someone else, you are only being exposed to saliva. The concentrations of HIV in saliva are so low that nobody has ever been infected with HIV from saliva. Remember, however, that you can get other sexually transmitted diseases (e.g. herpes) by receiving oral sex.” (p. 21)</p> <p>“If you choose to have oral sex, and you or your partner is male, use a latex condom on the penis. Research has shown that using a latex condom on the penis is effective in preventing the transmission of HIV. Condoms are not risk free, but they greatly reduce the risk of transmitting HIV to your partner. If you or your partner is female, use a latex barrier (such as a cut-open non-lubricated condom that makes a square) between your mouth and the vagina. The barrier reduces the risk of blood or vaginal fluids entering the mouth.” (p. 21)</p> <p>“Can I spread HIV through anal sex? It is possible for either sex partner to become infected with HIV during anal sex, whether they are male or female. In fact, anal sex carries the highest risk for transmission of HIV and other STIs because of the small tears that can occur in the lining of the anus. HIV can be found in the blood, semen, or vaginal fluid of a person infected with the virus. Having unprotected (i.e. without a condom) anal sex is extremely risky behaviour. If people choose to have anal sex, they should use a latex condom. Most of the time, condoms work well.” (p. 22)</p> <p>“There are many different safer sex activities that you can engage in to continue</p>

	<p>enjoying a satisfying sex life. Some of these include having non-penetrative sex and having protective penetrative sex with a male or female condom, even during oral sex." (p. 28)</p>
<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</p> <p><i>Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.</i></p>	<p>No evidence found.</p>
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>Teaches children they are entitled to or have a "right" to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p>	<p>No evidence found.</p>
<p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</p> <p><i>While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></p>	<p>No evidence found.</p>
<p>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</p> <p><i>May inappropriately eroticize</i></p>	<p>"HIV may be transmitted in the following different ways:</p> <ul style="list-style-type: none"> ● From mother-to-child during birth ● Through breastfeeding ● Through unprotected sex" (p. 2)

condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children. May provide medically inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.

"Condoms are the best method for preventing sexually transmitted infections (STIs), including HIV." (p. 19)

"If you choose to have sex, be sure to use a latex condom every time. The other important thing that you need to know is that for condoms to work, they must be used properly. Here is how to do it.

- Check the expiration date and don't use outdated condoms.
- Use a new latex condom each time you have sex.
- Be careful when opening the package. Make sure you don't tear the condom.
- Put the condom on **as soon as the penis is hard.**
- Pinch the tip of the condom. Squeeze out any air, and make sure it is completely unrolled down to the base of the penis.
- If you are not circumcised, to avoid breaking the condom, push your foreskin back before you put the condom on your penis.
- If you want to use a lubricant, **spread it on the outside after the condom is on your penis.** Use only water-based lubricants with latex condoms, not oil-based ones, since oil, Vaseline or lotion will make latex fall apart.
- Check the condom during sex to make sure it is still in place and unbroken.
- At the end of sex, the male ejaculates semen, which is something referred to as 'coming.' Hold the rim of the condom and pull out slowly right after coming. **Pull the condom-covered penis out while it's still hard.** Be sure to hold on to the rim at the base. Don't let it spill or slip off!
- Take the condom off. Throw it away in a rubbish bin or pit latrine. Wash your hands.
- You can find latex condoms and water-based lubricants at pharmacies, food stores, and local shops.
- In most places, **you do not need to be a certain age to buy condoms.** Free condoms are available at many local organizations and clinics." (p. 19)

"Correct and consistent condom usage is also important. Both male and female condoms can significantly reduce the risk of HIV transmission if used correctly and consistently every time you have sex. It is up to you and your partner to decide which condoms suit your relationship best. Some people feel that condoms reduce the intimacy of sex, but **there are various ways to enjoy condom use** and maintain relationship intimacy. Female condoms also allow women to be in greater control of prevention." (p. 29)

8. PROMOTES PREMATURE SEXUAL AUTONOMY

Teaches children they can choose to have sex when they feel they are ready or when they

"Part of growing up is **deciding if, when, and who you want to have sex with.**" (p. 17)

"If you choose to have sex you need to protect yourself for many reasons. You are at risk for contracting (or 'getting') other diseases that are passed through sex." (p. 18)

<p><i>find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.</i></p>	<p>“If you choose to have sex, be sure to use a latex condom every time.” (p. 19)</p>
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</p> <p><i>Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.</i></p> <p><i>May teach children that all sexual activity—other than “unprotected” vaginal and oral sex—is acceptable, and even healthy. May present abstinence and “protected” sex as equally good options for children.</i></p>	<p>“As a woman, you have the option of wearing a female condom.” (p. 19)</p> <p>“If you choose to seek and access effective treatment, care, and support that is available to you, you will feel better over time and may regain your desire for sex, or relationships and possibly for having children.” (p. 26)</p> <p>“It is important to seek and access safer sex counselling. Post-test counselling provides the first opportunity after your HIV diagnosis to discuss emotions, health issues, safer sex, prevention, treatment, care and support options.” (p. 28)</p> <p>“If you and/or your partner are living with HIV and want to have sex, then you need to practice other prevention methods – such as non-penetrative sex or condom use in your relationship.” (p. 29)</p> <p>“Men should always practice safe sex and know their HIV status.” (p. 35)</p> <p>“If you begin or continue to have sex with your partner, protection needs to be discussed completely. It may feel strange to plan out having sex and it may be embarrassing to discuss using condoms, but remember that you are protecting your health and your partner’s.” (p. 43)</p>
<p>10. PROMOTES TRANSGENDER IDEOLOGY</p> <p><i>Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped</i></p>	<p>No evidence found.</p>

<p><i>with mental health intervention.</i></p>	
<p>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</p> <p><i>Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.</i></p> <p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>“The following methods listed below are less effective than condoms in preventing the spread of HIV and other STIs. These methods may be considered in addition to using a condom for extra birth control protection. Other types of birth control include:</p> <ul style="list-style-type: none"> • Birth Control Pills: Birth control pills provide no protection against STIs or HIV/AIDS. Birth control pills help prevent pregnancy with artificial versions of female hormones... If you are interested in birth control pills, it is important that you speak with your doctor because there may be some bad interactions between certain HIV medications and birth control. • Depo-Provera: Depo-Provera offers no protection against HIV/AIDS or other STIs. It is an injectable form of contraception, and protects against pregnancy for a full three months... • Intrauterine devices (IUDs): IUDs do not prevent transmission of sexually transmitted diseases. IUDs work well and provide safe, long term contraception.” (pp. 20-21)
<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</p> <p><i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	<p>“Some issues which can be discussed during safer sex counselling are: ...Knowing more about safer sex to minimize the risk of HIV transmission while still enjoying the right to having sex.” (p. 28)</p>
<p>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</p> <p><i>May encourage children to question their parents’ beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p>	<p>“What are Multiple Concurrent Partnerships (MCPs)? MCPs refer to the practice whereby men and/or women have more than one sexual relationship at the same time. These relationships can be long- or short-term. They vary in nature and meaning, ranging from one-night stands with a sex worker, a stranger or even a friend; to long-term relationships.” (p. 31)</p> <p>“Reasons for engaging in MCPs vary. Some people do it for simple pleasure and fun; others do it for money or material gain. Yet, others do it as a form of revenge on cheating partners or perhaps just because of loneliness. International organizations ... recognize that MCPs are a key contributor to the spread of HIV in southern Africa.” (p. 31)</p>
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</p>	

<p><i>May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.</i></p>	<p>No evidence found.</p>
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)</i></p> <p><i>Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.</i></p> <p><i>(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigatePPF.org)</i></p>	<p>“Here are some international organizations that you might find helpful: Advocates for Youth +1 202-347-5700 www.advocatesforyouth.org and www.youthhiv.org” (p. 48)</p>